

Comparison of Medical Plans (July 1, 2006)

Deductible, out of pocket, and annual plan limits are measured from July - June

Arizona Foundation	PPO network for the PPO/Catastrophic Plan(s).
EPOCH	Claims Administrator - They process the claims and generate the checks.
CIGNA	HMO Plan. (*REFER TO CIGNA SCHEDULE FOR COMPLETE LISTING OF COPAYMENTS.)
Walgreens Health Initiatives	Mail Order Plan for Prescription Drugs for PPO and Catastrophic Plans. (Note: Mandatory after 2 nd refill with a 12-month period.)

Copayment – The fixed amount you pay for these services and the plan pays the rest.

	High Option PPO		Low Option PPO		CIGNA*	Catastrophic	
	In-Network	Out-of -Network	In Network	Out-of -Network	HMO	In-Network	Out-of-Network
Office Visit/Specialist	\$20	Subject to Deductible/ Co-Insurance	\$25	Subject to Deductible/ Co-Insurance	\$20/\$35	\$25	Subject to Deductible/ Co-Insurance
Emergency Room	\$50	Subject to Deductible/ Co-Insurance	\$75	Subject to Deductible/ Co-Insurance	\$75 \$35 Urgent Care	Subject to Deductible/ Co-Insurance	Subject to Deductible/ Co-Insurance
Physical Therapy	\$10	Subject to Deductible/ Co-Insurance	\$10	Subject to Deductible/ Co-Insurance	\$35	Subject to Deductible/ Co-Insurance	Subject to Deductible/ Co-Insurance
Chiropractor	\$20	Subject to Deductible/ Co-Insurance	\$20	Subject to Deductible/ Co-Insurance	\$35	Subject to Deductible/ Co-Insurance	Subject to Deductible/ Co-Insurance
Prescription Drugs	\$ 7 Generic \$15 Brand	\$12/Generic \$20/Brand	\$ 7 Generic \$20 Brand	Subject to Deductible/ Co-Insurance	\$ 7 Generic \$20 Preferred Brand \$40 NonPreferred	\$ 7 Generic \$20 Brand	Subject to Deductible/ Co-Insurance
Mail Order	\$14 Generic \$30 Brand	Not Covered	\$14 Generic \$40 Brand		\$16 Generic \$55 Preferred Brand \$115 NonPreferred	\$14 Generic \$40 Brand	
Hospital Admission			Refer to ded below	Refer to ded below	\$500		
Out-Patient Surgery					\$250		

NOTE: ALL OTHER SERVICES NOT LISTED ABOVE ARE SUBJECT TO DEDUCTIBLES AND COINSURANCE.

Deductible - A fixed dollar amount you pay each year before your health plans pays for any remaining services requiring coinsurance during the year. Once you meet the deductible, you pay coinsurance and the plan pays the rest.

	High Option PPO		Low Option PPO		Cigna	Catastrophic	
	In-Network	Out-of-Network	In-Network	Out-of-Network	HMO	In-Network	Out-of-Network
Individual Deductible	None	\$100	\$200	\$400		\$1000	\$2000
Family Deductible		\$300	\$600 (3X Family)	\$1200 (3 X Family)		\$3000 (3 X Family)	\$6000 (3X Family)
Per Hospital Admission	\$0	\$0	\$100	\$100		\$0	\$0
Per Occurrence (Outpatient Surgery)	\$0	\$0	\$50	\$50		\$0	\$0
Per Occurrence (Emergency Room)	\$0	\$0	\$0	\$0		\$100	\$100

NOTE: LOW OPTION PPO IN-NETWORK PREVENTIVE SERVICES ARE NOT SUBJECT TO DEDUCTIBLE.

This is a summary of plan highlights only. Any discrepancies between this information and the official plan documents will be governed by the plan documents

Coinsurance - The percentage you pay for these services and the plan pays the rest. (*Out-Of-Network services – Amounts over the Reasonable and Customary charge are your responsibility)

	High Option PPO		Low Option PPO		Cigna	Catastrophic	
Co-Insurance	In-Network	Out-of-Network	In Network	Out-of -Network	HMO	In-Network	Out-of- Network
	10% (Hospital & Surgery) 50% Maximum Benefit if not pre-certified	20% 50% Max Benefit if inpatient hospital and outpatient surgery not pre-certified	10% 50% Max Benefit if inpatient hospital and outpatient surgery not pre-certified	30% 50% Max Benefit if inpatient hospital and outpatient surgery not pre-certified		10% 50% Max Benefit if inpatient hospital and outpatient surgery not pre-certified	30% 50% Max Benefit if inpatient hospital and outpatient surgery not pre-certified
Emergency Room Illness Accident	N/A Subject to Copay	20% + additional \$50 if not life threatening 20% of 1 st \$500 charges no deductible. Then deductible and 20%.	N/A Subject to Copay	30%		10%	30%

Out-of-Pocket Maximum – The most you pay for each year for covered services for co-insurance. Once you reach this maximum, the plan pays 100%. (*Out-Of-Network services – Amounts over the Reasonable and customary charge are your responsibility)

	High Option PPO		Low Option PPO		Cigna	Catastrophic	
Co-Insurance	In-Network	Out-of -Network	In Network	Out-of–Network	HMO	In-Network	Out-of–Network
Maximum Out of Pocket Individual Family	\$500 \$1000 (2X Family)	\$1000 \$2000 (2X Family)	\$1000 \$2000(2X Family)	\$2000 \$4000(2X Family)	No Maximum	\$3500 \$7000(2X Family)	\$4500 \$9000(2X Family)

BENEFITS MAXIMUMS

	High Option PPO	Low Option PPO	CIGNA	Catastrophic
Substance Abuse	\$12,500 Annual/\$25,000 Life	\$12,500 Annual/\$25,000 Life	Refer to CIGNA schedule for complete listing of copays and limits	\$12,500 Annual/\$25,000 Life
Mental Health/Subs Abuse(Inpatient)	30 days per year	30 days per year	Refer to CIGNA schedule	30 days per year
Mental Health/Subs Abuse (Outpatient)	52 Visits per year	52 Visits per year	Refer to CIGNA schedule	52 Visits per year
Spinal Manipulations In-Network	Treatment Plan Pre Certified by Chirosource	Treatment Plan Pre Certified by Chirosource	20 visits/year	Treatment Plan Pre Certified by Chirosource
Out-Of-Network	Spinal manipulations only 20 Visits Per Year	Spinal manipulations only 20 Visits Per Year		Spinal manipulations only 20 Visits Per Year
Speech Therapy	20 Visits Per Year	20 Visits Per Year		20 Visits Per Year
Home Health Care			60 days per year	
Routine Immunizations, pap smears, vaccinations, annual physicals	Out-of-network: 1 st \$50 charges covered in full. Then, deductible and 20%. Max Benefit of \$200 per year on physicals	Out-of-network: Maximum Benefit of \$200 per year on physicals		Out-of-network: Maximum Benefit of \$200 per year on physicals
All Other Benefits	\$2,000,000/Life	\$2,000,000/Life	No Maximum	\$2,000,000/Life